

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00042459	2 Total pages filed: 6
3 COMMITTEE NAME Austin Tejano Democrats PAC		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 07/07/2023	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 373 Tobin Dr. Buda, TX 78610		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
		Sandra	
		NICKNAME	LAST SUFFIX
			Tenorio
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 373 Tobin Dr. Buda, TX 78610		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 373 Tobin Dr. Buda, TX 78610		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(512) 423-2470	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution (Attach PAC-DR)
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> 10th day after campaign treasurer termination
		<input type="checkbox"/> Runoff	
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	03/03/2023		06/30/2023
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year 05/06/2023	<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special <input checked="" type="checkbox"/> Other School Board Election

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Austin Tejano Democrats PAC	13 Filer ID (Ethics Commission Filers) 00042459
---	---

14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 300.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,131.39
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 11,323.96
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Sandra Tenorio

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - GPAC

17 COMMITTEE NAME Austin Tejano Democrats PAC		18 Filer ID 00042459	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS			SUBTOTAL AMOUNT
	NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	300.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	1,131.39
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/6
2 FILER NAME Austin Tejano Democrats PAC		3 Filer ID (Ethics Commission Filers) 00042459
4 Date 06/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarenga, Selena (Judge)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78711	
8 Principal occupation / Job title (See Instructions) District Judge		9 Employer (See Instructions) State of Texas
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Thomas (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Temple, TX 76502	
Principal occupation / Job title (See Instructions) Justice		Employer (See Instructions) State of Texas, Third Court of Appeals
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantu, Fred (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78745	
Principal occupation / Job title (See Instructions) Exec Assistant		Employer (See Instructions) Travis County
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobedo, Norma (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78745	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Jose (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78752	
Principal occupation / Job title (See Instructions) District Attorney		Employer (See Instructions) Travis County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/6
2 FILER NAME Austin Tejano Democrats PAC		3 Filer ID (Ethics Commission Filers) 00042459
4 Date 06/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Israel, Celia (Ms.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78745	
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Self-Employed
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suites, Stacey (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78745	
Principal occupation / Job title (See Instructions) Constable		Employer (See Instructions) Travis County
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tenorio, Sandra (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Buda, TX 78610	
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Texas Rural Communities, Inc.
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zuniga, Olga (Ms.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78745	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) n/a

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 6/6	2 FILER NAME Austin Tejano Democrats PAC	3 Filer ID (Ethics Commission Filers) 00042459
--	--	--

4 Date 05/19/2023	5 Payee name Hays County Tejano Democrats
-----------------------------	---

6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P.O. Box 781 Buda, TX 78610
------------------------------------	---

Expenditure from corporate funds

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimburse Joint Radio advertising
---------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 05/19/2023	Payee name Lopez, Jennifer (Ms.)
--------------------	-------------------------------------

Amount (\$) \$131.39	Payee address; City; State; Zip Code P.O. Box 300115 Austin, TX 78703
-------------------------	---

Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Provide food and beverage treats to legislative staff
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--